Reporting Period:	mber 31 <sup>st</sup> , (year)						
Water System	, (//						
Water System Owner							
Primary Contact Name (Operator or Manager)							
Phone Number (Operator or Manager)							
E-mail (Operator or Manager)							
DESCRIBE YOUR WATER SUPPLY SYSTEM							
What is the Source(s) of Raw Water?							
☐ Deep Well ☐ Shallow Well	☐ Surface Water	☐ Other					
If other, specify details:							
Does the Drinking Water System have Pr	imary Disinfection?	☐ Yes	□ No				
☐ Chlorination ☐ Ultraviolet Light	t 🗌 Ozone	☐ Other					
If other, specify details:							
Does the Drinking Water System have Se	condary Disinfection?	☐ Yes	□No				
☐ Chlorination ☐ Other							
If other, specify details:							
Does the Drinking Water System have Fil	☐ Yes	□No					
Check all boxes that apply							
☐ Cartridge Filter(s) ☐ Carbon Filter	☐ Sand Filtration	☐ Reverse Osmosis	☐ Other				
If other, specify details:							
PUBLIC REPORTING							
Emergency Response & Contingency Plan (ERCP)							
Is your ERCP up to Date?	☐ Yes	☐ No					
How do you Inform the System Users of the ERCP?							
☐ Hand Delivered ☐ Bulletin Board	□ Newspaper	☐ Utility Bill Insert	☐ Website				
Other (specify details)							
Drinking Water System Annual Report							
How do you Inform the System Users of the Annual Report?							
☐ Hand Delivered ☐ Bulletin Board	□ Newspaper	☐ Utility Bill Insert	☐ Website				
☐ Other (specify details)							

COMPLIANCE W							
COMPLIANCE WITH OPERATING PERMIT							
List the conditions that have been placed on your Operating Permit (if you have conditions, these will be stated on your permit)						ed on your permit):	
Are you in co	mpliance with	h the condition	ns listed on your Ope	ratina Darmit?	☐ Yes	∏No	□ N/A
Are you iii co	inpliance with	Tine condition	is listed on your Ope	rating Fernit:			
BACTERIOLOGIC	CAL TESTING ANI	D DRINKING WAT	TER PROTECTION REGUL	ATION WATER Q	JALITY STANDA	RDS	
How many be	acteriological	samples were	collected during this	reporting peri	od?		
What is the n	minimum requ	ired sampling	frequency for this sy	stem? (#sampl	es/month)		
Additional sa	mpling details	:					
Was the min	imum require	d sampling free	quency achieved?	☐ Yes		□No	
Comments:							
Bacteriologic	al summary a	ttached to this	s report?	☐ Yes	☐ Yes		
If no, how do	the users of t	he system viev	w the results?				
WATER OLIALIT	rv Standados e	OR POTABLE WA	TED				
	TI STANDARDST						
Parameter:	oli .	Standard	<b> :</b>		Dia this syste	em meet s	
Escherichia coli (for all samples)							tandard?
(101 all samples)		No detecta	ble <i>Escherichia coli</i> per 10	00ml	Yes	_ N	
Total Coliforn					<u> </u>		lo
Total Coliforn (if only 1 sample	n Bacteria collected in a 30		ble <i>Escherichia coli</i> per 10		☐ Yes		
Total Coliforn (if only 1 sample day period) Total Coliforn	n Bacteria	No detecta	ble total coliform bacteria	a per 100ml in total	□ Yes		No
Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s	collected in a 30	No detecta  No more the coliform ba	ble total coliform bacteria nan 10% of samples conta ncteria, <b>and</b> No sample ha	a per 100ml in total	<u> </u>		lo
Total Coliforn (if only 1 sample day period) Total Coliforn (if more than 1 s 30 day period)	e collected in a 30 n Bacteria nample collected i	No detecta  No more the coliform ba 10 total col	ble total coliform bacteria nan 10% of samples conta ncteria, <b>and</b> No sample ha iform bacteria per 100ml	a per 100ml in total s more than	□ Yes		No No
Total Coliforn (if only 1 sample day period)  Total Coliforn (if more than 1 s 30 day period)  If the system	e collected in a 30 n Bacteria cample collected i	No detecta  No more the coliform ba 10 total col	ble total coliform bacteria an 10% of samples conta acteria, <b>and</b> No sample ha iform bacteria per 100ml	a per 100ml in total s more than	□ Yes		No No
Total Coliforn (if only 1 sample day period)  Total Coliforn (if more than 1 s 30 day period)  If the system	e collected in a 30 n Bacteria cample collected i	No detecta  No more the coliform ba 10 total col	ble total coliform bacteria an 10% of samples conta acteria, <b>and</b> No sample ha iform bacteria per 100ml	a per 100ml in total s more than	□ Yes		No No
Total Coliforn (if only 1 sample day period)  Total Coliforn (if more than 1 s 30 day period)  If the system	e collected in a 30 n Bacteria cample collected i	No detecta  No more the coliform ba 10 total col	ble total coliform bacteria an 10% of samples conta acteria, <b>and</b> No sample ha iform bacteria per 100ml	a per 100ml in total s more than ection Regulati	□ Yes		No No
Total Coliforn (if only 1 sample day period)  Total Coliforn (if more than 1 s 30 day period)  If the system the table belo	n Bacteria nample collected i did not meet ow; attach ad	No detecta  No more the coliform ba 10 total cole  any of above leditional sheets	ble total coliform bacteria nan 10% of samples conta ncteria, <b>and</b> No sample ha iform bacteria per 100ml Drinking Water Prote s if necessary.	a per 100ml in total s more than ection Regulati	☐ Yes ☐ Yes on standards		No No
Total Coliforn (if only 1 sample day period)  Total Coliforn (if more than 1 s 30 day period)  If the system the table belo	n Bacteria nample collected i did not meet ow; attach ad	No detecta  No more the coliform ba 10 total cole  any of above leditional sheets	ble total coliform bacteria nan 10% of samples conta ncteria, <b>and</b> No sample ha iform bacteria per 100ml Drinking Water Prote s if necessary.	a per 100ml in total s more than ection Regulati	☐ Yes ☐ Yes on standards		No No
Total Coliforn (if only 1 sample day period)  Total Coliforn (if more than 1 s 30 day period)  If the system the table belo	n Bacteria nample collected i did not meet ow; attach ad	No detecta  No more the coliform ba 10 total cole  any of above leditional sheets	ble total coliform bacteria nan 10% of samples conta ncteria, <b>and</b> No sample ha iform bacteria per 100ml Drinking Water Prote s if necessary.	a per 100ml in total s more than ection Regulati	☐ Yes ☐ Yes on standards		lo lo
Total Coliforn (if only 1 sample day period)  Total Coliforn (if more than 1 s 30 day period)  If the system the table belo	n Bacteria nample collected i did not meet ow; attach ad	No detecta  No more the coliform ba 10 total colimonal sheets	ble total coliform bacteria nan 10% of samples conta ncteria, <b>and</b> No sample ha iform bacteria per 100ml Drinking Water Prote s if necessary.	a per 100ml in total s more than ection Regulati	☐ Yes ☐ Yes on standards		lo lo

CHEMICAL SAMPLING COMPLETED DURING THIS REPORTING PERIOD							
Was any chei	mical sampling c	onducted during r	eporting	period?	□No		
If no, when were the last chemical samples conducted for this system?				If yes, did all water samples meet the Guidelines for Canadian Drinking Water Quality?			
(date)	☐ Don't K	now 🗌 Never		☐ Yes ☐ No			
If any water samples did not meet the Guidelines for Canadian Drinking Water Quality, record the results in the table below; attach additional sheets if necessary.							
Parameter	Result	Result Corrective Action / Treatment / Comments					
		•					
ADDITIONAL TE	STING						
Does the syst	em have analyze	ers for continuous	monitor	ing?	□ No		
If yes, check o	all boxes that ap	ply:					
☐ Chlorine	☐Turl	oidity	] Other (	details)			
Are the result	ts available on re	equest?					
If any additio	_	mpling was condu	ıcted, re	cord results in the table b	pelow; attach additional		
Additional Te	esting & Reason	for Sampling (	Correctiv	ve Action Taken			
WATER QUALIT	Y COMPLAINTS						
Were there any water quality complaints in this reporting Period? (e.g. taste, odour, colour etc.)							
If yes, complete the table below; attach additional sheets if necessary.							
Date Water Quality Complaint Corrective Action / Treatment							
	•						

Revised March 2016

OPERATIONAL PROBLEMS						
Were there any operational problems during this reporting period? (e.g. insufficient water supply, malfunction of Yes No disinfection equipment, line breaks, elevated turbidity etc.).						
If yes, complete	If yes, complete the table below; attach additional sheets if necessary.					
Incident Date	Incident Date Type of Operational Problem Corrective Action Taken					
Major Upgrade	ES/REPAIRS & EXPENSES					
_	y major upgrades/rep g this reporting period		osts [	☐ Yes	□No	
If yes, complete	e the table below; att	ach additional she	ets if necessar	y.		
Major Upgrade	es/Expenses	Details				
Improvements required by DWO						
Additions/chan	Additions/changes to system					
Purchase or install new equipment						
Equipment repair or replacement						
Annual mainte	Annual maintenance of system					
Specialist report						
Other						
FUTURE IMPROVEMENTS						
Are there any plans for future improvements?			[	] Yes	□No	
If yes, complete the table below; attach additional sheets if necessary.						
Future Upgrades or Improvements					<b>Estimated Date of Completion</b>	
			1			
DATE COMPLETED: CO				Υ:		